SUBMITY COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT

Date Stamp (Received)
MAY 3 1 2013

Bayfield Co. Zoning Dept.

Refund: Permit #: Amount Paid: 350 5-31-13 6-13-13 で ウ ゆ CHIEFED)

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true an (are) responsible for the detail and accuracy of all information (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether may be a result of Bayfield County relying on this information (we) am (are) providing in or with this application. I (we) consent to county officials charged with a above described paperly at any reasonable time for the ourgose of inspection. Owner(s) Owner(s) Owner(s) Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	Secretarial Stall			Rec'd for Issuance		Municipal IIsa		☐ Commercial Use			7	又 Residential Use			Proposed Use	Proposed Construction:	Existing Structure: (If permit being applied for is relevant to it)		Pro	Run	65,000	Ja		(%) (%)	Value at Time of Completion * include	X Non-Shoreland		☐ Shoreland —> ☐ Is F	□ Is F	Section, I	7	1/4,	LOCATION Legal		lgent: (Pers	Contractor: American Ho	Freed	Address of Property:	Owner's Name:	TYPE OF PERMIT REQUESTED TO X LAND USE SEAMING SANITARY	NOTES INTO TOUTS YOUR
il and accuracy if and accuracy if and accuracy if and accuracy in the reasonable time reasona						ן ם ן	7 5.								٠,		mit bein		Property	Run a Business	☐ Relocate (existing bldg)	lition/Al	X New Construction	(what are you applying for)	Project			roperty/	roperty/ k or Land	lownship		1/4	Legal Description:		ning Applica	Homes	on Va	7		ED-→	INA BENE
any accompany of all information this information for the outline for the outl	FAILURE TO	Other: (explain)	Special U	Accessor	Accessor	Addition	Mobile H			- Andreas Harrison			Residenc	Principal			g applied fo			ess on _	sting bldg)	Addition/Alteration	uction	plying rorj				Land withi	Land withi		2	Gov't Lot	4		ition on beha	ı	4	Ch.		X LAND USE	VH SAMMED
this application including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct he detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue the providing of the county relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administ perfect at any reasonable time for the outgoing of inspection. Auditiple of the providing in the Deed All Owners must sign or letter(s) of authorization must accompany this application)	O OBTAIN A PERMIT C	Other: (explain)	Special Use: (explain)	Accessory Building Addition/Alteration	Accessory Building (spe	Addition/Alteration (spe	Mobile Home (manufactured date) \ \ \circ \circ \lambda \]	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.	Principal Structure (first structure on property)			or is relevant to it)	X Mab	☐ Foundation	🗏 No Basement	☐ Basement	1-Story +	X 1-Story	ano/or pasement	# of Stories			\square Is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes	N, Kange		t Lot Lot(s)	tatement)				Drive	4	·•	D USE SAN	TOT UBIES RESEARCH
s been examined e) providing and providing in or w	, STARTIN			ion/Alte	(specify)	(specify)	, <u>or</u> □ si red date)	d Gara	ck		<u>rc</u>		iting sha	structure	Pro	- F	- E		-	ent		Loft	7x	lent	•		If yes	e, Pond o	r, Stream If yes	8	•	CM	04-008-2	PIN: (23 d	Agent Ph	Contractor Phone ガケーし3イーら2	Washb	City/State/Zip:	Mailing Address:	SANITARY	INV-11 100 u
ad by me (us) and to to did that it will be relied with this application.	5 CONSTRUCTION			ration (specify)	- 11		To be by						ck, etc.)	on property	Proposed Structure	Length: ら						Year Round	Seasonal		Use		If yescontinue +	r Flowage	(ind. Intermittent)	Bay	Town of:	Vol & Page	-2-49-05	igits)	one:	7/5- 634-522	hbum (Freedom Valley Dr	ddress:	PRIVY	
the best of my (our) is upon by Bayfield Co. I (we) consent to con	N WITHOUT A P		14445144	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		11 11	s, or _ cooking	J [/)	ure	Ę				□ None		×		bedrooms	오, #			Distance		Bayusew	. - 				Agent Mailing Address (include City/State/Zip):	Plumber:	EH.	Valley Dr.	-	CONDITIONAL USE SPECIAL USE	うぎ つつ・モニーロ
County in do county office county office county office county office company t	ERMIT WIL	The state of the s) @ / 3	5 H								Width:	Width:			, 	- 			as .				Structure	Structure				<u>ا</u> لٰنَّا		Address		5489	Wash	City/State/Zip:	NAL US	IN SHIT THE
knowledge and belief its true knowledge and belief its true county in determining whether county officials charged with a county of the county o	L RESULT IN PE	AND THE PROPERTY OF THE PROPER					prep facilities)				***************************************					1th:		None	Compost Toilet	Portable (w/service con	Sanitary (Exists) Specify (ype: 27 20), Ty	(New) Sanitary	Municipal/City	2	Sew			Distance Structure is from Shoreline :	Distance Structure is from Shoreline:			Biock(s) No.	338-08000		(include City/		7	Washburn, L		E SPE	A) NULTACI IOC
	NALTIES	_		 	\ -\-		_ -		-					-					oilet	/service c	or V	tary Spe	City	Is on the pro	What Type of er/Sanitary Sy		feet	reline :	reline : feet		Lot Size	Subdivis Subd	Volume	Recorde	State/Zip):			OT S		SPECIAL USE	ecit OUT WO
nd complete. permit. I (we ng county orc Date		× >	< ×	. >	< ×	×	۲ ۲ ۲	<	×	×	×	××	×	×	Dimensions		T			ontract)	ecity Type:	Specify Type:		roperty?	What Type of Sewer/Sanitary System				ls Pro		5	Subdivision: Valhalla		d Docume				13845			
l (we) acknov e) further accudinances to h		_	-		-	1	6	_			_	_ _)	วทร	Height:	Height:				in 200 gall	There also			3		□ No	Yes	ls Property in Floodplain Zone?	2.			Pag	nt: (i.e. Prope	Written Attache	Plumber Phone	715-209-	Cell Phone:	ᇛ	A.	Nospjeigner
correct and complete. I (we) acknowledge that I (we) to issue a permit. I (we) further accept liability which iministering county ordinances to have access to the Date 5 3 1 4 3					Name of the last o	11	797						un management friedskiede der er e	rootage	Square	5					on I		□ City		Water		□ No	□ Yes	Þ	2.96	ige	Trail P729	Page(s)	Recorded Document: (i.e. Property Ownership)	Written Authorization Attached	r Phone:	9-3854	ne:	ne:	B.O.A. OTHER	ety org/mning/asp)

Freedom Valley Dr. Washburn, S If you recently p

Attach
Copy of Tax Statement
sed the property send your Recorded Deed

Date

(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Authorized Agent:

Address to send permit 262つら

		ld For Fees:	Hola	Δffidavit∙ □	Hold For A	כ	. (6	
Date of Approval: 6/13/2 <i>01</i> 3	Da			アのみと、	0+ +	Coment t		ctor. 7	Signature of Inspector:
antracted UDC	locally co	7,0	Ko from the	Obtationed) <u>p</u>	Permit wist	برن ا کو ا	(700) 7PP	Ducling
- bc se	- 3 4	Struck	No -(If No they need to be attached.)	(If No they re	. □	Condition(s):Town, Committee of Board Conditions Attached? 日Yes	ard Conditi	n, Committee or Bo	ndition(s):Tow
on: 1	Date o	*	\	ָר ר	10.00	Inspec	3	Date of Inspection: (6/6/2/0/3	te of Inspection
Zoning District (RAS)		2 de 10en	a shows p	Ş	fied by	المحالة		Inspection Record:	pection Record
□ No	Owner Lives	Represented by Was Property Su	Were Property Lines Represented by Owner Was Property Surveyed			Tres □ No		ן ∛ ק	Was Proposed B
NA	Case #:	ariance (B.O.A.)	Previously Granted by Variance (B.O.A.)			4	A'CA	င္က ၂	Granted by Variance (B.O.A.)
Affidavit Required	Affidavit Affidavit	□Yes CNO	Mitigation Required Mitigation Attached		<i>\$88</i>	☐ Yes (Deed of Record) ☐ Yes (Fused/Contiguous Lot(s)) ☐ Yes] Yes (Deed] Yes (Fuse] Yes	hip Lot	Is Parcel a Su Parcel in Comn Is Structure N
				3-i3	Date: 6 -)	Permit Date:		3034 3034	Permit #: 3
Sanitary Date: $8-(9-10)$	Sanita	# of bedrooms:	S	16-86	Sanitary Number:		/ Use Onl	Issuance Information (County Use Only)	uance Infor
1, ling Code.		onstruction or Uક રત To Enforce Th require permits	of Issuance if Co lities Are Require şencies may also	om the Date LL Municipal or Federal ag	ne (1) Year fi y Dwelling: <u>f</u> e, City, State	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	All Land Us tion Of New The	NOTICE: For The Construct	Ţ,
must be measured must be visible from sed site of the structure, or must be Privy (P), and Well (W).	which the setback mu Ofeet of the proposed Tank (HT), Pr	e boundary line from own corner within 50	n required setback, the ed compass from a kne ed compass from a kn	om the minimum use of a corrects	thirty (30) feet f	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the propose marked by a licensed surveyor at the owner's expense. (a) Charle or Mark Proposed Lorentian(s) of New Construction. Septic Tank (ST), Drain field (DF), Holding Tank (HT),	re more than to	construction of a structucorner to the other previously eyor at the owner's expension of the control of the con	to the placement or previously surveyed ed by a licensed sur-
from one previously surveyed corner to the	≯d must be visible from	back must be measure	indary line from which the setback must be measured must be visible	the boundary lin	required setback, the	SetDack. (D. Priny (Portable, Composinis) Prior to the placement or construction of a structure within ten (10) feet of the minimum requesters by a licensed surveyor at the owner's expense.	re within ten (3 censed surveyo	construction of a structude corner or marked by a li	to the placement of the previously surveye
1			TOTAL CONTRACTOR		1 1	70	ting	Field Composting	Setback to Drain Field Setback to Drain Field
//) Q 4 Feet			ack to Well			6		East Lot line	back from the
Feet		ope Area	Setback from Wetland Setback from 20% Slope A		+	00 000 000	-	Setback from the South Lot Line Setback from the West Lot Line	back from the
reet		nk or Bluff	ack from the Bai			69		North Lot Line	back from the
Feet Feet	th-water mark)	ke (ordinary high-w /er, Stream, Creek	Setback from the Lake (ordinary Setback from the River, Stream,		Feet	549	ted Road of-Way	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	back from the
Measurement		Description			Measurement	Measu		Description	
by the Planning & Zoning Dept.		Changes in plans must be approved	Change			e clasest point)	ured to the	Setbacks: (measured to the closest point)	(8)
				6	1	ontinuing)	(7) above (prior to continuing)	te (1) – (7) above	Please complete (1) –
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approximately and the second	T		(\(\frac{1}{2} \)						
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		0	からい	2/164	C ? 7	edom	Fre		
	1000		ond	7. eek; or (*) f	Slopes over	Lake; (*) River; (*) Wetlands; or (*)	* *	Show any (*): Show any (*):	1
vy (P)) and/or (*) Pri v	olding Tank (HT	rontage Road)	oad (Name Foperty; (*) Drain F	rn Frontage Russ on your Putic Tank (ST)	North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)		Show / Indicate: Show Location of (*): Show: Show:	(2) (3) (3) (4) (5) (5)
				tion	o _n	Proposed Construction		Show Location of:	